



**State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

**INSTRUCTIONS FOR NON-RETAIL LIQUOR & WINE LICENSE APPLICATION
(FORM ABCC-WS-3)**

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON ALL FORMS

1. General Information - Please read all instructions carefully. All questions are to be answered in full. Your accuracy and thoroughness in completing the application form will assist us in processing the application and preventing unnecessary delays.
2. False representations made in application or failure to comply with chapter 60 of the West Virginia Code (State Code of Alcoholic Liquors) and rules and regulations promulgated thereunder may result in denial, revocation, or suspension of the license.
3. Any person holding any interest in a Wine Supplier, West Virginia Licensed Wine Distributor, or West Virginia Farm Winery may not hold any interest in a retail wine establishment or a private wine license.
4. Any person holding any interest in a West Virginia Distillery or a West Virginia Mini-Distillery may not hold any interest in a retail liquor, private club, or private wine restaurant establishment.
5. Licensing Periods:
 - Wine Supplier, Wine Distributor, Farm Winery, and Direct Shipper license periods begin July 1 and end June 30 of each year.
 - Distillery and Mini Distillery license periods begin January 1 and end December 31 of each year.
6. License fees must be paid by **certified check, cashier's check, company check, or money order** payable to the West Virginia Alcohol Beverage Control Administration. Personal checks will not be accepted.

If the license for a Wine Supplier, Wine Distributor, or Direct Shipper is issued for less than a full year, the fee may be prorated as follows:

License Application Submitted

July 1 through June 30
January 1 through June 30

License Fee

Full License Fee
½ of License Fee

7. Documents which must accompany application:
 - If an Association – a copy of the Certificate of Authority and Agreement of Association
 - If a Limited Liability Corporation – a copy of the Certificate of Authority and Articles of Organization
 - If a Corporation – a copy of the Certificate of Authority and Articles of Organization
 - A copy of the applicant's federal basic permit, as required under the Federal Alcohol Administration Act
 - A copy of West Virginia business license registration
 - If out-of-state entity, a copy of current ABC license from state of domicile
 - A Letter of Good Standing from the WV State Tax Department and if an out-of-state entity, a letter of good standing from the state of domicile (Forms to request a Letter of Good Standing from WV are included)
 - If applying as a resident Distillery or Mini Distillery—submit copies of all documents which have been submitted to the Trade Tax Bureau (TTB), along with documentation of the inspection report and approval

8. The application must be signed as follows and all signatures must be notarized:
- If an individual, by the owner.
 - If a Partnership/Limited Partnership, all partners
 - If an Association, all members
 - If a Corporation, president or vice president
 - If a Limited Liability Corporation, all members if member managed/manager if manager managed
9. A farm winery license shall be issued only to, or held by, an applicant qualified to operate or who is operating a winery or wine cellar bonded under the laws and regulations of the United States. Form and instructions are available by calling the toll-free number at 800-937-8864 or available through download at the following website: http://www.ttb.gov/tax_audit/permits.shtml
10. All applicants must apply for a "Special Occupation Tax (TTB F 5630.5a)" with the Alcohol and Tobacco Tax and Trade Bureau. Form and instructions are available by calling the toll-free number at 800-937-8864 or available through download at the following website: <http://www.ttb.gov/forms/f5630d.pdf>
11. Wine Supplier & Distributor Bonds – Please see bond instructions for proper completion.
- Wine Suppliers – Applicants must complete bond form ABCC-WS-3-B in the amount of \$10,000.
 - Wine Distributors – Applicants must complete bond form ABCC-WX-1-B in the amount of \$10,000.
12. Direct Shippers must provide a list of brands that are to be shipped into West Virginia. Upon review of the list, if brands are not registered with the Commission, it is the responsibility of the Direct Shipper to register said brand(s).

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Wine Licensing
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATION AT
1-800-642-8208 OR (304) 356-5500 8:30AM-4:30PM EST AND ASK FOR WINE LICENSING.**



Licensing Period: _____ to _____

License Number: _____

- Applying As:
- ☐ Individual
 - ☐ Partnership
 - ☐ Ltd. Partnership
 - ☐ Ltd. Liability Corp.
 - ☐ Corporation
 - ☐ Association

West Virginia Alcohol Beverage Control Administration

900 Pennsylvania Avenue, 4th Floor Charleston, WV 25302

Non-Retail Liquor and Wine License Application

<input type="checkbox"/> Wine Supplier Questions 1 - 16 License Fee \$150	<input type="checkbox"/> Distillery/Winery Questions 1 - 16 Sections I & III License Fee \$1,500	<input type="checkbox"/> Mini Distillery Questions 1-16 Sections I & III License Fee \$50	<input type="checkbox"/> Farm Winery Questions 1-16 Sections I & III License Fee \$50	<input type="checkbox"/> Multi Capacity Questions 1-16 License Fee \$300	<input type="checkbox"/> Wine Distributor Questions 1-16 Sections I & II License Fee \$2,500	<input type="checkbox"/> Direct Wine Shipper Questions 1-16 License Fee: \$150 to ship < 14% Alc. Cont. \$250 to ship > 14% Alc. Cont.
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1. Business Entity Name _____ 2. FEIN _____

3. Business DBA Name _____ 4. Telephone _____

5. Business Physical Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

6. Business Mailing Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

7. Email _____

8. Contact Person _____ Telephone _____

9. Has applicant or any officer been:

- a. Convicted of a felony? When _____ If yes, attach written explanation. Yes ☐ No ☐
- b. Convicted of a violation of federal or state alcohol laws? If yes, attach written explanation. Yes ☐ No ☐
- c. Convicted of a criminal offense (misdemeanor) within the last 5 years? If yes, attach explanation. Yes ☐ No ☐
- d. Refused any type of alcohol license or permit in any state? State _____ If yes, attach explanation. Yes ☐ No ☐

10. Has applicant or any officer had:

- a. A hearing before the WVABCA Commissioner? If yes, attach written explanation. Yes ☐ No ☐
- b. Any type of WVABCA license or permit sanctioned? If yes, attach written explanation. Yes ☐ No ☐

11. Has applicant been refused any type of alcohol license or permit in any state? Yes ☐ No ☐
If yes, attach written explanation.

12. Does applicant, officers, directors or any blood relative hold any real estate, buildings, or equipment used by any WV retail licensee? If yes, attach a written explanation and provide name, address and interest. Yes ☐ No ☐

13. Does applicant, partner, member, stockholder, director, or any blood relative hold any interest in a licensed retailer in West Virginia? If yes, attach a written explanation and provide name, address and interest. Yes ☐ No ☐

14. Date and state your business incorporate or organized _____

Please include corporate charter or organization papers

15. If non-resident business, date of certificate of authority to do business in WV _____
Please include copy of certificate of authority

16. Supply the following information about the owners, officers, directors and manager:

Title _____ Name _____ Res. Address _____ _____ Telephone _____ % Ownership _____ DOB _____ SSN _____ WV Resident Y / N US CITIZEN* Y / N	Title _____ Name _____ Res. Address _____ _____ Telephone _____ % Ownership _____ DOB _____ SSN _____ WV Resident Y / N US CITIZEN* Y / N	Title _____ Name _____ Res. Address _____ _____ Telephone _____ % Ownership _____ DOB _____ SSN _____ WV Resident Y / N US CITIZEN* Y / N
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SECTION I: To be completed by Wine Distributors, Wineries, Farm Wineries, Distilleries and Mini Distilleries.

- A. County which business is located _____
- B. Does the applicant own the premises to be licensed? ☐ Yes ☐ No
If no, does applicant hold a valid lease? ☐ Yes ☐ No Expiration date of lease _____
Property owner name/address _____
- C. Do the premises to be licensed conform to health, fire and zoning regulations? ☐ Yes ☐ No

SECTION II: To be completed by Wine Distributors.

- A. Has applicant entered into any exclusive franchise agreement with a manufacturer, producer, processor, distributor, or supplier of wine whereby the applicant has been given the exclusive right within West Virginia or any given territory within West Virginia to distribute the product(s) of such manufacturer, producer, processor, distributor or supplier which are to be sold or distributed in West Virginia? ☐ Yes ☐ No
If yes, please explain. _____

SECTION III: To be completed by Wineries, Farm Wineries, Distilleries, and Mini Distilleries.

- A. Annual productive capacity is _____ gallons.
- B. Is applicant, directly or indirectly, by means of signs, equipment, money, property or otherwise, giving aid to assistance to the holder of any retail beer or intoxicating liquor permit issued by the authority of this State? ☐ Yes ☐ No
If yes, please explain. _____
- C. Does applicant own or control any real or personal property, which is rented, leased or used by the holder of any retail beer or intoxicating liquor permit issued by the authority of this State? ☐ Yes ☐ No
If yes, please explain. _____
- D. Is your place of business in a section zoned by a county or municipality? ☐ Yes ☐ No If so, state district _____
- E. Give number and classification of former beer, wine, and spirituous liquor permits, if any. _____
- F. Name nearest church or school and state distance in feet there from: _____
- G. Is place of business located in business, residential or rural neighborhood? _____

Should the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commissioner shall have the right to terminate or revoke this license or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license type). However, it is agreed and understood by and between the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office of the West Virginia Alcohol Beverage Control Commissioner in the city of Charleston, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge and the time and place of hearing thereon said notice shall be served the applicant by registered mail at the address hereinabove set forth.

Instructions for signing:

- If an individual, by the owner.
- If a Partnership/Limited Partnership, all partners
- If an Association, all members
- If a Corporation, president or vice president
- If a Limited Liability Corporation, all members if member managed/manager if manager managed

NOTE: All changes in ownership interest during the license year must be reported immediately to the WV ABCA Commissioner.

STATE OF _____,
COUNTY OF _____, to wit:

In support of the foregoing application, the undersigned makes oath that the statements contained herein and all attachments are true to the best of his/her knowledge and belief.

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Given under my hand and official seal this _____ day of _____, _____.

Signature of Notary Public

Commission Expires

Seal of Notary



**State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

Every person, company, or corporation intending to do business in West Virginia must register with the West Virginia State Tax Department. Additionally, corporations, limited partnerships and limited liability companies must register with the West Virginia Secretary of State.

Please consult with the appropriate person (s) in your organization about compliance with the business registration requirements in West Virginia. Should further assistance be necessary, you may contact the following sources for registration information:

West Virginia State Tax Department

Taxpayer Services Division
P.O. Box 3784
Charleston, WV 25337-3784
(304) 558-3333 or
1-800-982-8297

<http://www.state.wv.us/taxrev/forms/2009/businessRegistration.booklet.pdf>

Secretary of State

Corporations Division
Capitol Complex
Building 1, Room 151
1900 Kanawha Blvd. E.
Charleston, WV 25305
(304) 558-8000

<http://www.sos.wv.gov/business-licensing/business/Pages/businessdivision.aspx>



STATE OF WEST VIRGINIA

Department of Revenue State Tax Department

Earl Ray Tomblin
Governor

Craig A. Griffith
State Tax Commissioner

Request for Statement of Good Standing

Taxpayer Identification number _____

Complete business name _____

Business location _____

Mailing address _____

Is business a (check one?)

_____ Partnership _____ Sole Ownership _____ Corporation/LLC

If none of these apply, list type of business here _____

I understand that in the event that this business is not in good standing with the Tax Department I will be notified in writing as to what tax returns or tax payments are considered not filed or paid and who to contact with any questions regarding that situation.

By signing this Request for Statement of Good Standing, I certify under penalty of perjury that I am the taxpayer or the taxpayer's authorized representative and am entitled to receive the result of this request.

If you are a CPA or Attorney completing this Request for Statement of Good Standing for a business of which you are not a principle, a principle of the business must ALSO sign this request as the taxpayer.

If you are authorizing release of information for someone who is not a CPA or Attorney, this form must be notarized.

Taxpayer signature _____

Title

Date

Print Name _____ Phone: _____ Email _____

CPA/Attorney signature _____

Title

Date

Print Name _____ Phone _____ Email _____

Person other than Taxpayer, CPA or

Attorney signature (Form must be notarized) _____

Title

Date

Print Name _____ Phone _____ Email _____

State of West Virginia,

County of _____, to-wit,

This day appeared before me, the undersigned notary public _____, who
acknowledge under oath the signature above.

Notary public

Date

My commission expires: _____



If you would like the response faxed to you, enter fax number including area code _____

Send this request to:

West Virginia State Tax Department

Excise Tax Unit, 1001 Lee Street East, Charleston, WV 25301

Fax (304) 558-8643

Phone: (304) 558-0678; (304) 558-8695; (304) 558-1114; or (304) 558-0659

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